



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Workforce Services

KRISTEN COX
Executive Director

GREGORY B. GARDNER
Deputy Director

JON S. PIERPONT
Deputy Director

INJURED SPOUSE CLAIM AND ALLOCATION

Name of spouse with overpayment:

Social Security Number:

Name of injured spouse:

Social Security Number:

Mailing Address:

Please return this form along with ***copies of your tax return and all W-2's*** to
The Department of Workforce Services in the enclosed envelope or by fax to 801-526-9236,
Attn: Collections. If you have questions please call 801-526-9561, option 1 or 801-526-9235,
option 1.

	Amount on Return	Amount from injured spouse	Amount from other spouse
Total Income	A. \$	B. \$	C. \$
Total of State Tax Withheld	D. \$	E. \$	F. \$.
Percentage of tax withheld from each spouse		E divided by D.	F divided by D.